

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09127703  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		3		/		
5		3		/		
6	/		/			
7		/		/		
8		2		/		
9		2		/		
10		1		/		
11	/	1	/			
12	/		/			
13		/		/		
14		2		/		
15		1		/		
16	/		/			
17		/		/		
18		2		/		
19		2		/		
20		3		/		
21		1		/		
22		1		/		
23		1		/		
24		1		/		
25		1		/		
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TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		↓	26	↓		↓
TOTAL CLAIMS			31			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						